

CHAPTER 5

SSA's Disability Determination Process



Once SSA has determined that an applicant meets non-medical criteria, the application is sent to the State Disability Determination Services (DDS) for an evaluation of the applicant's disability. This chapter explains the process that the DDS uses to make that determination and outlines some of the special factors that affect applicants with mental illnesses and substance use disorders. 🌿

What are the standards for disability?

Under SSA rules, an adult is disabled if he or she is unable to do any “substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.”¹ This definition includes several specific points:

- *Substantial gainful activity* (SGA) is defined by SSA as work that involves doing significant and productive physical or mental duties and is done for pay or profit, even if a profit is not realized. As of 2005, wages or work of \$830 per month or more is considered SGA.
- *Any medically determinable physical or mental impairment* means a physical or mental disorder resulting from anatomical, physiological, or psychological abnormalities, which can be confirmed by “medically acceptable”² clinical and laboratory diagnostic techniques. A combination of impairments also may be considered by SSA.
- An impairment must *be expected to result in death or to have lasted, or be expected to last, for a continuous period of not less than 12 months* for a person to qualify for benefits.

While every person has the right to apply for SSA disability benefits, some applicants may not meet SSI/SSDI eligibility requirements. In these instances, case managers should

¹ 20 C.F.R. 404.1505(a) and 416.905(a).

² Evidence to establish a “medically determinable impairment” must be provided by “acceptable medical sources.” Acceptable medical sources are licensed physicians, psychologists (including school psychologists), optometrists, podiatrists, and licensed or certified speech-language pathologists. See 20 C.F.R. 404.1513 and 416.913.

An Example of Probable Disability

A case manager assisted an applicant diagnosed with schizophrenia in August 2001. Medical notes indicated that his functioning was severely impaired—he was unable to interact with others and could not stay focused on task. He had not worked since the diagnosis due to his schizophrenia, and according to the medical notes, he was unlikely to work again in the foreseeable future. Such a person would appear to meet disability criteria and should be encouraged to apply for SSI.

explain the requirements and assist the person in finding more appropriate and available sources of support.

SSA defines disability in ways different from other government programs such as Food Stamps or Temporary Assistance to Needy Families (TANF). Under both of those programs, a doctor's letter stating that his or her patient is unable to work usually is sufficient to prove disability. SSA, by law, is not allowed to accept a doctor's letter as proof of disability. However, while SSA's rules are stricter than those used in other programs, case managers should not discourage applicants from applying.

How is disability evaluated?

Once an SSA field office determines an applicant meets income and resource guidelines, the application is sent to the State Disability Determination Services (DDS) for processing. SSA has agreements with each state and the District of Columbia to undertake disability evaluations. Every state has its own DDS, which may be located in the State's Department of Labor, Social Services, or another agency.

The process of determining whether an individual is disabled entails a five-step test, or *sequential evaluation* process. At each step, the DDS asks and answers a specific question regarding the applicant, ensuring that different aspects of disability are considered before an application is either approved or denied.

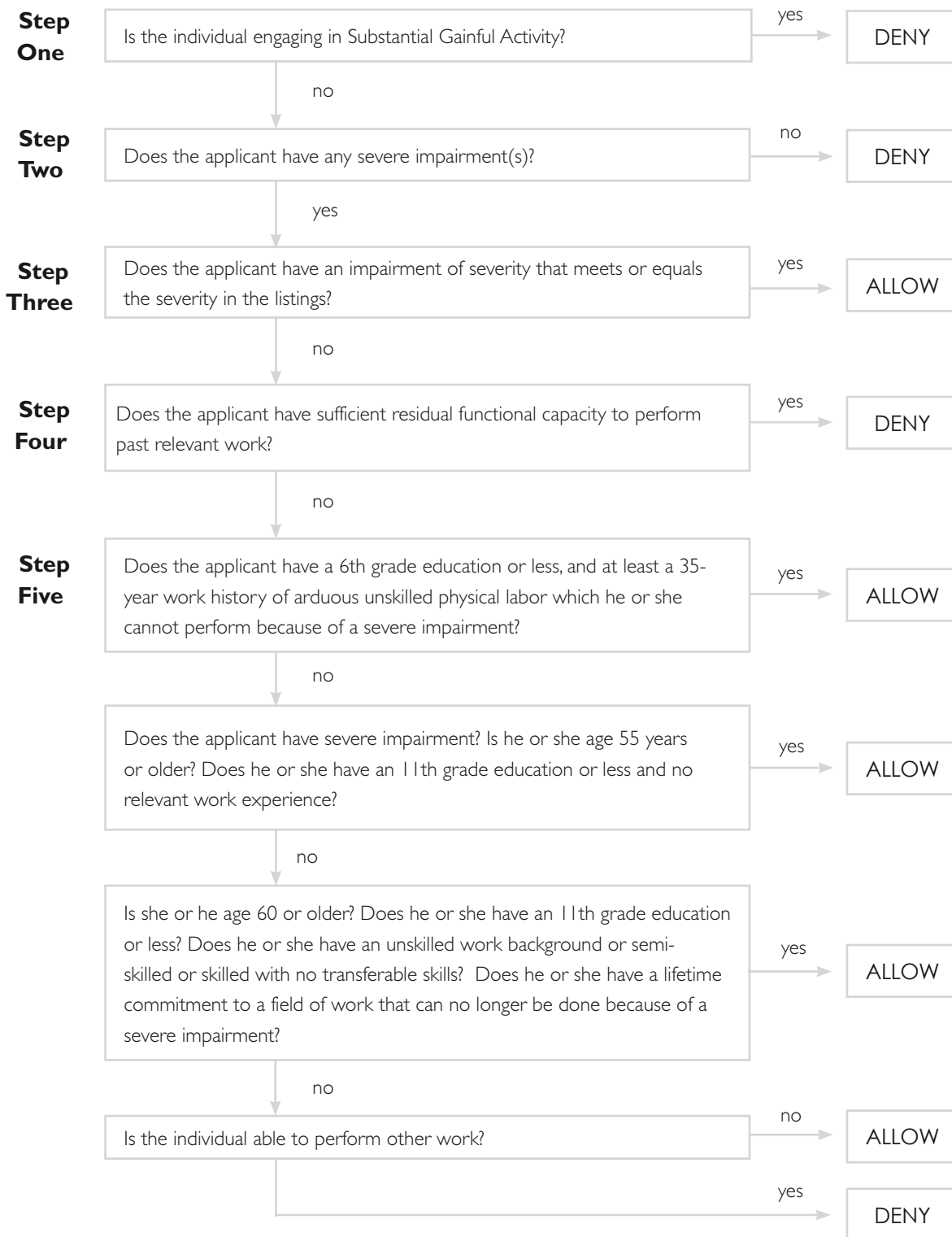
What is the sequential evaluation process?

To determine whether an individual meets disability criteria, SSA and DDS staff use the sequential evaluation process to consider different kinds of information, ensuring that the person's disability is completely reviewed. Since the steps are sequential, the process may stop at a step if specified criteria are met. The specific steps are shown in Figure 2 and described in further detail below.

Step 1. Substantial gainful activity

This step evaluates whether an applicant is engaging in *substantial gainful activity* or SGA. If an applicant is engaging in SGA, he or she is ineligible for either SSI or SSDI. The amount of gross earnings considered changes

Figure 4. **Steps in the Determination Process**



annually. In 2004, the amount was \$810 per month; in 2005, the amount is \$830 per month. Individuals who earn these sums but who have special conditions or expenses related to their disabling condition may not be considered to be earning SGA by SSA. If an applicant is not working at all, or he or she is not earning at the level of SGA, the case moves to the next step.

Step 2. Documenting severe impairment

A severe impairment is defined as an impairment or combination of impairments that “significantly limit ... physical or mental ability to do basic work activities.”³ Under Social Security regulations and guidelines, the threshold for this test is not particularly demanding. The critical issue for case managers is to ensure that information sent to the DDS demonstrates that a person’s functioning has been severely impaired. If the information shows the presence of a severe impairment, the process moves to the next step.

Step 3. The listings

Disability Evaluation under Social Security (also known as the Blue Book), a publication distributed by SSA, provides criteria under which SSA automatically will find an applicant disabled in the Adult and Childhood programs. These criteria take the form of a Listings of Impairments, commonly referred to as “the listings.”⁴ Disability determinations at this step are made without regard to age, education, and work experience.⁵ The nature of an

individual’s physical or mental impairment is compared against the criteria that must be met or equaled for that impairment to be considered disabling. If medical evidence shows the applicant meets these criteria or has impairments equivalent in severity to them, the applicant will be found disabled—as long as the criteria have been met, or are expected to be met, for at least 12 months, or if the impairment can be expected to result in death.



Case managers should note that even if a person doesn't qualify under the listings for a single diagnosis, he or she may qualify as a result of multiple impairments.

Case managers should note that even if a person doesn’t qualify under the listing for a single diagnosis, he or she may qualify, at a later step of the sequential evaluation process, as a result of multiple impairments. For example, a person might have diagnoses of depression, diabetes, congestive heart failure, and hypertension. While any one of these chronic illnesses might not rise to

³ 20 C.F.R. 416.920(c).

⁴ The listings can be viewed at the Web site www.socialsecurity.gov/disability/professionals/bluebook/index.htm and at 20 C.F.R. 404, Supart P, Appendix 1. Also, see 20 C.F.R. 416.925–926.

⁵ 20 C.F.R. 416.920(d).

the level of a disability under SSA rules, the combination of these illnesses might do so.⁶ Therefore, case managers are advised to refer all potential applicants to SSA for evaluation.

If an individual does not meet or equal the requirements of the listings, the sequential evaluation process continues.

Step 4. Past relevant work

In this step of the sequential evaluation, SSA determines whether the applicant has the ability to perform the same work he or she did in the past. If the answer is yes, the applicant will be found not to be disabled. If the answer is no, the analysis moves to Step 5 of the sequential evaluation that examines whether the applicant can perform other work.

In determining whether an individual has the ability to perform past relevant work, SSA will review:

- Medical records and input from the applicant's physician, psychologist, or speech and language pathologist and evaluate them to produce a Residual Functional Capacity (RFC) assessment report that is based on the applicant's current mental and physical abilities.
- Work history over the past 15 years. If there is no work history, the analysis automatically moves to Step 5.
- If a work history exists, the RFC of the applicant is compared to the functional requirements of each job performed

over the past 15 years. Based on this comparison, if the RFC assessment determines the applicant is capable of performing any of his or her past jobs, the applicant will be found not disabled.

- If the applicant cannot perform past work, the analysis advances to Step 5.

Step 5. Other work

At Step 5 of the sequential evaluation, SSA determines if the applicant can do any other work that exists in significant numbers in the national economy. It does not matter whether a specific job is available where the applicant lives, whether a specific vacancy exists, or whether the applicant would be hired if he or she applied for the job. Thus, an applicant might be found capable of being a gardener even if no gardening positions are available in his or her area and even if the applicant wouldn't be hired for such a job if one were available. In making this decision, SSA once again will use the applicant's RFC but will now take into account the applicant's age, education, and work experience. To help make this evaluation, SSA relies on Medical–Vocational Guidelines, also known as “the grids.”⁷

The grids are designed to make observations about a large number of people. For example, one of these observations is that a person under age 50 with a high school education can do many different jobs. Older, uneducated applicants are more likely to be found disabled than younger applicants, even when their disabilities are the same.

⁶ This is a particularly important consideration for individuals with substance use disorders. More information about substance use appears later in this chapter.

⁷ The grids are available at www.socialsecurity.gov/OP_Home/cfr20/404/404-ap10.htm. Note that the grid rules were recently revised. See the final rules amended at www.socialsecurity.gov/regulations/articles/rin0960_af37f.htm.

Documenting All Disorders

A 45-year-old obese woman has a history of treatment for major depression. While her depression has improved, she continues to need treatment and cannot work. The depression, combined with her obesity, heart problems, and lung problems result in her inability to engage in SGA. The depression alone does not qualify her for disability benefits, but her overall health status can.

What happens when there are co-occurring mental and physical illnesses?

A significant proportion of individuals who are homeless have physical health problems as well as mental health problems. All of these difficulties need to be reported and documented to be considered during the sequential evaluation process. The presence of physical ailments in combination with mental disorders may lead to the stronger possibility of a finding of disability by the DDS. For example, a person who is homeless may have skin, feet, breathing, or infectious disease problems from living outdoors. Case managers should ensure that all physical and mental health problems are documented and reported.

What about alcohol or drug addiction?

Alcohol or drug addiction alone does not constitute a disability for the purposes of SSI and SSDI. It is possible, however, for

applicants using drugs and/or alcohol at the time of application to be found disabled and receive SSI. The test for determining eligibility is whether “drug addiction or alcoholism is a contributing factor material to the determination of disability.”⁸ Thus, SSA determines whether an applicant would still be disabled if he or she were sober and abstinent from drugs or alcohol. If SSA's determination is positive, the applicant will be found disabled, providing that income and resource criteria are met.

Although SSA has considered drug and alcohol addiction materiality since the SSI program began in 1974, the definition of disability as it is affected by addictions has evolved. Before 1996, a person with a substance use disorder could obtain benefits if he or she could show the presence of a disabling condition, whether or not the condition was related to a substance use disorder. SSA required that he or she adhere to certain restrictions (e.g., a requirement to have a representative payee). Since 1996, however, if a person has a substance use disorder that is determined to be material to his or her disability, he or she will not receive SSI.

⁸ 20 C.F.R. 416.935(a).

How should alcohol or drug use be handled?

When assisting individuals who are using drugs and/or alcohol, case managers should:

- *Advise the person to apply.* Some people wrongly believe that people who abuse substances cannot receive SSI, despite

any other disabilities they may have. As a result, they erroneously discourage them from applying.

- *Make sure that the medical records submitted to SSA contain evidence of an existing medical diagnosis.* Case managers should understand thoroughly the applicant's functional impairment(s) and their origin(s). Since an applicant

Substance Use and Disability Determination: An Illustrative Example

Jim Jones, a 45-year-old single, homeless man has a diagnosis of major depression with psychotic features and a history of cocaine abuse. In getting to know Mr. Jones, a case manager learned that Mr. Jones's grandfather consistently physically abused him between the ages of 3 and 12 years. The case manager also learned that a neighbor, who befriended Mr. Jones in his early years, sexually abused him. He had kept this secret all his life.

As a child, Mr. Jones was a poor learner. He had an undiagnosed learning disability, and he received no special education. His learning was also affected by his home situation. He became confused and significantly depressed.

At the age of 14, Mr. Jones began smoking marijuana. For years, he had felt ashamed and belittled; he believed that smoking marijuana might help him to feel better and fit in with other teenagers.

His despair continued. Over time, he began using cocaine, which helped him to feel stronger, more competent, and energized. However, this feeling was short-lived and after the effects of cocaine diminished, he felt just as depressed. He had intermittent episodes of sobriety that lasted anywhere from six months to a year. During his sobriety, he felt despair and depression again, and he would then return to cocaine for relief.

After numerous hospitalizations for depression and several relapses into substance use, Mr. Jones entered a recovery program. Treatment records and other documentation supported that he worked hard on his problems, but he continued to use cocaine, though not as intensely as in the past. Even in the midst of recovery, Mr. Jones evidenced significant functional problems. When sober, he found his depression affected his ability to take care of his personal hygiene, resulting in his not washing, sometimes for as long as a week. During these times, which were frequent, he also did not eat. His learning disability made it hard for him to read bus signs, making it

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difficult to use public transportation to go out. Despite his lack of mobility, the State public assistance benefit he received was spent quickly; he clearly needed assistance to manage his money.

Socially, Mr. Jones isolated himself, and when depressed, he would not communicate with anyone. When angered, he was unable to express himself and would resort to drugs to manage his feelings. In addition, due to his depression, his anger became self-destructive, including purposeful attempts to overdose. He had been hospitalized several times due to these behaviors.

Mr. Jones's depression also interfered with his concentration, attention, and memory. The depressive symptoms of hopelessness, lack of energy, sadness, and suicidal thoughts rendered him incapable of completing tasks, such as applying for food stamps. He was clearly functionally impaired from the effects of his depression.

Upon applying for SSI, Mr. Jones was found eligible, despite his ongoing, intermittent drug use.

with no independent diagnosis will be denied benefits, applicants must emphasize independent diagnoses determined by a medical professional.

- *Advise applicants to be candid about past or current drug/alcohol use.* Many applicants fear their claim will be denied if they admit drug or alcohol use. However, since medical records usually refer to any history of alcohol or drug use, any inconsistency between oral accounts and medical records could undermine the applicant's credibility. This can result in a finding of "not disabled."
- *Consider the application in the context of a person's substance use disorder.* Case managers need to take thorough historical information. A comprehensive longitudinal history, including issues

such as trauma, abuse, educational problems, employment history and problems, legal history, and physical health history, is vital to documenting disability. Case managers should work closely with experienced clinicians to assure that the applicant can manage any symptoms that could arise from providing such sensitive information.

Once a case manager has a better sense of a person's life history, he or she should find out more about the individual's level of functional impairments, if any, and the source of these impairment(s). Drugs may be used by a person with mental illness to address or to mask feelings and behaviors related to his or her mental health status. Therefore, the case manager should inquire whether reported problems occur when a person is sober or only when the person is using drugs or alcohol.

For example, if a person stated that he or she takes substances to dull the fear and discomfort created by hallucinations, the case manager could conclude that the mental disorder is the problem and that the symptoms are likely to remain, even in the context of abstinence from drugs. Conversely, if an individual reported that he or she manages activities of daily living fairly well when sober, but avoids these tasks when using or withdrawing from substances, this person might be found not disabled.



Many applicants fear their claim will be denied if they admit drug or alcohol use.

The determination of disability is complicated when substance use is involved. At the same time, it is possible for the DDS to make a correct determination when given thorough, accurate, and complete medical and functional information. By gathering this information, a case manager can understand better what is affecting the person's symptoms and functioning and can share the information with the DDS examiner.

The critical question regarding substance abuse is: "Would this person be disabled if in recovery?" Case managers must make sure that the DDS receives all medical information to help to answer this question to foster an accurate determination.

Summary

While the criteria for determining disability are stringent, the process ensures that a range of issues related to disability are considered before an application is approved or denied. This chapter detailed the steps in the disability determination process to give case managers familiarity with each stage of the process.

Sometimes issues such as substance abuse can complicate a disability determination. While individuals who are disabled solely on the basis of their addictions are not eligible for SSI, persons whose addictions exist in combination with other illnesses may be eligible. It is important for case managers to encourage these individuals to apply. Case managers can play a critical role in developing and providing the documentation to promote appropriate disability determinations. Additional information about how to provide medical documentation to SSA is discussed in the next chapter.

